

Supplemental Leave of Absence Request Form
Authorization to Record Paid and Unpaid Time during a Leave of Absence
(Not to be used for Family Medical Leave-FMLA)

For additional information or for assistance to complete this form, please see your Department Timekeeper

I understand that:

- ❖ This Supplemental Leave Form must be attached to a completed Request for Leave of Absence form.
- ❖ The following authorized use of time may not be changed by time submitted on a timesheet during my leave unless a revised Authorization to Record Paid and Unpaid Time is submitted prior to the pay period during which a change occurs. If I submit paid time which differs from this Authorization to Record Paid and Unpaid Time, that paid time will not be paid.
- ❖ Paid time-off may not exceed my available leave balances, i.e., sick, vacation, comp time, personal or executive leave.
- ❖ Leave balance information is available from my Timekeeper.

My first day of absence from work for this leave will be: _____

My first day of paid leave from work will be: _____

My first day of unpaid leave from work will be: _____

I am regularly scheduled to work: _____ hours per week

I am regularly scheduled to work the following S=___ M=___ T=___ W=___ Th=___ F=___ S=___

hours, per day, each pay period: S=___ M=___ T=___ W=___ Th=___ F=___ S=___

I expect to return to work on: _____

<p>Pay Period # _____ from ____/____/____ through ____/____/____</p> <p>_____ hours regular work or holiday</p> <p>_____ hours sick leave PER or EXE leave hours: _____</p> <p>_____ hours vacation</p> <p>_____ hours compensatory time off</p> <p>_____ hours paid disability leave (Worker's Comp)</p> <p>_____ hours of unpaid time, if paid leave exhausted</p>	<p>Pay Period # _____ from ____/____/____ through ____/____/____</p> <p>_____ hours regular work or holiday</p> <p>_____ hours sick leave PER or EXE leave hours: _____</p> <p>_____ hours vacation</p> <p>_____ hours compensatory time off</p> <p>_____ hours paid disability leave (Worker's Comp)</p> <p>_____ hours of unpaid time, if paid leave exhausted</p>
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Employee Signature: _____	Last name: _____	First name: _____	Date: ____/____/____
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